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000959 7590 05/11/2004

**LAHIVE & COCKFIELD, LLP.
28 STATE STREET
BOSTON, MA 02109**

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/991,099	11/21/2001	Jeffrey W. Pollard	AHN-010	2879

TITLE OF INVENTION: METHODS FOR IDENTIFYING CONTRACEPTIVE COMPOUNDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/11/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAMBERTSON, DAVID A	1636	435-007100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Lahive & Cockfield LLP
2 Amy E. Mandragouras
3 Lisa M. DiRocco

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wyeth

Madison, NJ

Albert Einstein College of Medicine of Yeshiva University

Bronx, NY

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Lisa M. DiRocco, Reg. No. 51,619

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07/29/2004 DEHMANU2 00000027 120080 09991099

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02 FC:8001

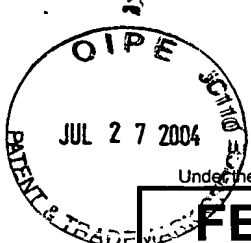
30.00 DA

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.**

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TRANSMIT THIS FORM WITH FEE(S)



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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																											
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		First Named Inventor	Jeffery W. POLLARD																																																																																																																																																																																																																																										
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Name (Print/Type) Lisa M. DiRocco		Registration No. (Attorney/Agent) 51,619																																																																																																																																																																																																																																											
Signature		Telephone (617) 227-7400																																																																																																																																																																																																																																											
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL982737491US, in an envelope addressed to: MS Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 27, 2004

Signature: (Lisa M. DiRocco)